



NANCY L. WORLEY
SECRETARY OF STATE

STATE OF ALABAMA

OFFICE OF SECRETARY OF STATE

P.O. Box 5616
MONTGOMERY, AL 36103-5616
www.sos.state.al.us

APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT

(VALID FOR TWO YEARS)

✓ Check One (Fees are non-refundable)

☐ \$200 INITIAL APPLICATION FEE

☐ \$100 RENEWAL LICENSE FEE

☐ \$100 INITIAL APPLICATION FEE
BASED ON REGISTRATION OR
LICENSE FROM ANOTHER STATE

☐ \$100 RENEWAL BASED ON
REGISTRATION/LICENSE
FROM ANOTHER STATE

APPLICATION SHOULD BE TYPED OR PRINTED

1	Name:	Last	First	Middle
2	Home Address:	Street	City	Zip Code
3	Principle Business Address:	Street	City	Zip Code
4	Name/Address of Affiliation (If applicable):	Street	City	Zip Code
5	Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Your Home Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
6	LIST THREE (3) REFERENCES (NOT RELATED TO APPLICANT)			
	Name	Address	Telephone Number	
	Name	Address	Telephone Number	
	Name	Address	Telephone Number	

ANSWER ALL QUESTIONS COMPLETELY

7	GENERAL					
	Have you ever been known by any other name or surname? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If your answer is "Yes" please state all names used and when so used: (If more space is needed use reverse side.)		Name of your Spouse: Name of Spouse's Employer: Street Address City _____ State _____ Zip Code _____ Does your Spouse have any business relationship with any professional sport or professional sports team? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Your date of Birth: Place of Birth: (City and State) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">(Mo)</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">(Day)</div> <div style="border: 1px solid black; padding: 2px;">(Yr)</div> </div> If a married woman, please state your maiden name:		If you answer is "Yes" please provide details of said relationship:			
8	EDUCATION: HIGH SCHOOL GRADUATE OR GED? () Yes () No					
	Name and location of high school attended:		From (Mo) (Yr)	To (Mo) (Yr)	Did you Graduate?	Date of Graduation
	Name and location of Colleges and Universities Attended:		From (Mo) (Yr)	To (Mo) (Yr)	Did you Graduate?	Degree and Date
	Name and location of Law or Other Graduate School Attended:		From (Mo) (Yr)	To (Mo) (Yr)	Did you Graduate?	Degree and Date
9	EMPLOYMENT: (Check one) I am currently <input type="checkbox"/> Employed Self-Employed <input type="checkbox"/>					
	Name and Address of <i>Employer</i> :			If <i>Self-Employed</i> complete the following:		
	Name			Name		
	Street Address			Street Address		
	City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
	Nature of Business:		Telephone No.	Nature of Business		
	Your Title/Position		Starting Date	Starting Date _____ Telephone No. _____		
	① Name of Previous Employer: (Last 5 years immediately preceding date of application. Use additional sheets as necessary)			② Name of Previous Employer: (Last 5 years immediately preceding date of application. Use additional sheets as necessary)		
	Employer			Employer		
	Street Address _____ City _____ State _____ Zip Code _____			Street Address _____ City _____ State _____ Zip Code _____		
	Your Title/Position		Start Date	Your Title/Position		
			Ending Date	State Date		
				Ending Date		

10 BUSINESS/CORPORATION:

If a **corporation employs you as an athlete agent** then provide the names and addresses of the officers, directors, and any shareholders of the corporation having an interest of five percent (5%) or greater. (Use additional sheets if necessary)

If your business as an athlete agent **is not a corporation** then provide the names and addresses of all partners, members, officers, managers, associates or profit-sharers of the business. (Use additional sheets if necessary)

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

11 Have you or any person named in question #10 above ever been convicted of a crime that, if committed in this state, would be a crime involving moral turpitude or a felony? ☐ Yes ☐ No

If "Yes" then identify the crime: _____

12 Has there ever been a judicial or administrative determination that you or any person named in question #10 above has made a false, misleading, deceptive, or fraudulent representation? ☐ Yes ☐ No

13 Has your conduct or that of any person named in question #10 above ever resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student-athlete or educational institution? ☐ Yes ☐ No

14 Has there ever been a sanction, suspension, or disciplinary action taken against you or any person named in question #10 above arising out of occupational or professional conduct? ☐ Yes ☐ No

15 Has there ever been any denial of an application for, or suspension or revocation of, or the refusal to renew the registration or licensure of yourself, or any person who is named in question #10 above as an athlete agent in any state? ☐ Yes ☐ No

16 PRACTICAL EXPERIENCE/FORMAL TRAINING AS ATHLETIC AGENT:

Provide in detail a description of your formal training, practical experience, and educational background relating to your professional activities as an athletic agent: (attach additional sheets if necessary)

17

PROFESSIONAL SPORTS EXPERIENCE:

List the name, sport and last known team for each individual for whom you have acted as an athlete agent during the five (5) years preceding the submission of this application:

(Name of Athlete)	(Sport)	(Professional Sports Team)

18

OATH/AFFIRMATION

In submitting this application for registration as an athlete agent in the state of Alabama, I do hereby swear or affirm that I have reviewed the information contained herein and on any attachments hereto, and that such information is correct and true to the best of my knowledge. I understand that giving false information in this application constitutes cause for denial or revocation of my application and could subject me to criminal prosecution for perjury. I acknowledge that I have a duty and I agree to update and correct this information as it changes. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my registration revoked and that I may be subject to prosecution in the state of Alabama.

State of)

County of)

Sworn and subscribed to before me this ____ day

of _____, _____.

month year

Notary Public Signature

My Commission Expires: _____

Notary Seal

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

DATE PERMIT ISSUED

PERMIT No.